



Attorney Docket No.: P11148

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Mail Stop AMENDMENT
Commissioner for Patents
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CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the U.S. Patent and Trademark Office, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO on the date indicated below.

Date: October 18, 2004

Pamela S. Newton
Pamela S. Newton

Re: Patent Application for:
"SERVICE PARAMETER INTERWORKING METHOD"
Serial No. 09/640,674
Attorney Docket No. P11148-US1

Dear Sir:

Enclosed for filing please find the following items relating to the above-identified application:

- (1) Petition for Extension of Time (1 page);
- (2) Amendment Transmittal Letter (1 page); and
- (3) Response (15 pages).

The commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-1379.

Should you have any questions or comments concerning this matter, please feel free to contact the undersigned at 972/583-1573.

Sincerely,

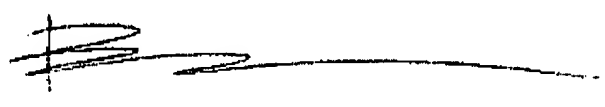
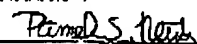
Bill R. Naifeh
Reg. No. 44,962

BRN/psn

Ericsson Inc.
6300 Legacy Drive
Plano, Texas 75024



FM11374 EUS
130 6001

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Frank Hundscheidt, et al.				P11148-US1	
Serial No.	Filing Date	Examiner	Group Art Unit		
09/640,874	August 18, 2000	Ferris, Derrick W	2663		
Invention:					
SERVICE PARAMETER INTERWORKING METHOD					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	28 =	0	x \$18.00	\$ 0.00
INDEP. CLAIMS	10 -	12 =	0	x \$86.00	\$ 0.00
Multiple Dependent Claims (check is applicable) <input type="checkbox"/>					\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ 0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 50-1379 in the amount of \$_____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$_____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1379. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.  _____ Signature Dated: 10/18/04 Bill R. Nalfeh Reg. No. 44,962 Ericsson Inc. 6300 Legacy Drive, M/S EVR 1-C-11 Plano, TX 75024					
Certificate of Mailing or Transmission					
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 Signature					
Pamela S. Newton 10/18/04 Depositor's Name and Date					